

**Department of Medical Assistance Services
Division for Aging and Disability Services**

**PRIVATE DUTY NURSING ADULT REFERRAL FOR THE
COMMONWEALTH COORDINATED CARE PLUS (CCC Plus) WAIVER**

Adults (21 years or >) must meet Criteria Group A **or** all Criteria Group B to qualify for Private Duty Nursing (PDN) Services.

Individual's Name _____ **Phone** _____ **Date** _____

Address _____ **Medicaid #** _____

Referral Source _____ **Phone #** _____

Form Completed By _____ **Phone #** _____

Signature of Person Completing Form _____

TECHNOLOGY / SKILLED CARE	YES	NO	Document Orders Below
Criteria Group A - Ventilator			
Ventilator Dependent at least a portion of the day			Ventilator Orders
Criteria Group B – Complex Tracheostomy			
Has a tracheostomy with the potential for weaning or documentation of the inability to wean			
Requires nebulizer treatments and chest physiotherapy (PT) at least four times per day OR nebulizer treatments at least four times a day provided by a licensed nurse or respiratory therapist			Treatment Orders
Requires pulse oximetry monitoring at least every shift due to demonstrated unstable oxygen saturation levels			Treatment Orders
Requires respiratory assessment and documentation every shift by a licensed nurse or respiratory therapist			
Has a physician's order for oxygen therapy with documented usage			Treatment Orders
Requires tracheostomy care at least daily			Treatment Orders
Has a physician's order for tracheal suctioning as needed			
Is deemed at risk of requiring subsequent mechanical ventilation			

DMAS/CCC Plus Health Plan has the final authority to authorize nursing hours. _____

Criteria Group A ☐ (OR) B ☐ Comments: _____

Approved Skilled PDN Hours/ Week _____

RN Coordinator/Reviewer Signature _____ Date _____

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Adult Referral Instructions

Adults (21 and older) are eligible for Private Duty Nursing Services if they meet Nursing Facility Specialized Care criteria, Group A - Ventilator Dependence **(or)** Group B - Complex tracheostomy **All** criteria. (Refer to PDN Adult Referral Form)

Adults (21 years or >) are assessed by the Medicaid Long-term Services and Supports Screening team on this form for eligibility for CCC Plus Waiver PDN. Screeners will submit the Screening and this form. RN Supervisors/CCC Plus Care Coordinators will complete this form annually for level of care reviews and whenever there are major changes in the individual's medical or technical skilled needs.

When completing the adult referral form, check the technology needs of the individual and **document the physician's orders for care under the appropriate sections of the form.**

Criteria Group A - Ventilator

The ventilator dependent criteria are met when an individual is on a ventilator for any portion of the day. Document physician's ventilator orders in the appropriate block in the right side column.

Criteria Group B – Complex Tracheostomy **(MUST MEET ALL CRITERIA IN THIS GROUP)**

Potential for weaning – Individuals who are unable to wean from a tracheostomy meet this criteria.

Requires nebulizer treatments and chest physiotherapy (PT) at least four times per day OR nebulizer treatments at least four times a day. Document treatment orders in the appropriate block on the right side of the form.

Pulse oximetry readings are required every nursing shift. Document physician's pulse ox orders in the appropriate block.

Skilled nursing or respiratory assessments are required every shift due to respiratory insufficiency.

Individuals meet oxygen use criteria when oxygen is needed continuously at least 8 hours per day. Document physician's oxygen orders in the appropriate box.

The individual must require tracheal care at least daily. Document physician's trach care orders in the adjacent box.

A physician's order for tracheal suctioning as needed (PRN) is required. Suctioning is defined as tracheal suctioning requiring a suction machine and flexible catheter.

Individuals must be at risk of requiring ventilator support.

If further help is needed questions may be sent to: LOCReview@dmass.virginia.gov